FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: APPIL 30, 2008
Estimated average burden



hours per response.....16.00

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	g m, mm in in in in
Area Equipment, LLC Private Offering Memorandum	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE SOS
Type of Filing:	
A. BASIC IDENTIFICATION DATA	e dige
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	No. of Sec.
Area Equipment, LLC	And the second
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
613 Baldwin Avenue, Norfolk, VA 23517	757-961-1414
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	A/ PHOCESSEI
equipment rental	WAR 0 3 200S
Type of Business Organization	TUOMO
	lease specify): THOMSON FINANCIAL
business trust limited partnership, to be formed limited lie	ebility company
Month Year	
Actual or Estimated Date of Incorporation or Organization: 12 05 Actual Estim	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	: Va
Carron Canada, 117 for Giner foreign jurisdictions	(V) (Q)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA
2.	Enter the information requested for the following:
	• Each promoter of the issuer, if the issuer has been organized within the past five years;
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer
	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	1	Promoter	V	Beneficial Owner	√	Executive Officer	/	Director	abla	General and/or Managing Partner
Full Name (Last name first, Burnette, Michael	f indiv	vidual)							·	
Business or Residence Addre 613 Baldwin Avenue, No			Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	V	Promoter	Z	Beneficial Owner	7	Executive Officer	Ø	Director	Z	General and/or Managing Partner
Full Name (Last name first, Sutton, James	f indiv	vidual)								
Business or Residence Addre			Stree	t, City, State, Zip Co	de)					
8804 Pine Road, Portsmo		Promoter	[]	Beneficial Owner	Z	Executive Officer	Z	Director	Ø	General and/or Managing Partner
Full Name (Last name first, Jennings, Sean	if indiv	vidual)								
Business or Residence Addre			Street	, City, State, Zip Co	de)					
102 Bayside Drive, Moyo Check Box(es) that Apply:	CK, NO	Promoter Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
dit Maine (Last haine mist,										
Business or Residence Addre	:SS ()	Number and	Stree	t, City, State, Zip Co	ode)					
	ess (Number and Promoter	Stree	i, City, State, Zip Co	ode)	Executive Officer		Director		General and/or Managing Partner
Business or Residence Addre		Promoter	Stree		ode)	Executive Officer		Director		
Business or Residence Addro	if indi	Promoter vidual)				Executive Officer		Director		
Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first,	if indi	Promoter vidual)		Beneficial Owner		Executive Officer Executive Officer		Director		
Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre	if indiress (Promoter vidual) Number and Promoter		Beneficial Owner t, City, State, Zip Co						Managing Partner General and/or

					B. 1	NFORMAT:	ION ABOU	T OFFERI	NG					* 7
1.	Has the	issuer sole	d, or does tl							_		Yes	No ⋉	
						Appendix						± 50	00.00	
2.	What is	the minim	num investm	nent that w	ill be acce	pted from a	any individ	lual?	••••••			Ψ		
3.		_	permit join									Yes 😰	No	
4.	commis If a pers or state	sion or sims on to be lis s, list the n	tion request illar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne cer or deale e (5) persoi	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state			
Ful n/a		Last name	first, if indi	ividual)										
	_	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)							
		·												
Nai	me of As	sociated Bi	roker or De	aler										
Sta	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All State:	s" or check	individual	States)				••••••		······	☐ Al	I States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	
Ful	l Name (Last name	first, if indi	ividual)										
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)							
Nai	me of As	sociated B	roker or De	aler				··						
Sta	tes in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All State:	s" or check	individual	States)	•••••		,,.	•••••			☐ Al	l States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	
Ful	ll Name (Last name	first, if ind	ividual)										
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					_		
Na	me of As	sociated B	roker or De	aler										
Sta	ites in Wl	nich Person	Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·						
	(Check	"All State	s" or check	individua	l States)							☐ Al	l States	
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	

C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	\$ 0.00
	Equity	0.00	\$ 0.00
	Common Preferred		0.00
	Convertible Securities (including warrants)	3_0.00	\$
	Partnership Interests		\$_0.00
	Other (Specify LLC Units	2,050,000.00	\$_1,125,000.00
	Total	2,050,000.00	\$_1,125,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 303	LLC interest	\$_1,125,000.00
	Regulation A		\$
	Rule 504		\$
	Total		\$ <u>1,125,000.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 10,000.00
	Accounting Fees		\$
	Engineering Fees	<u> </u>	\$
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$
	Other Expenses (identify)		\$
	Total		\$ 10,000.00

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Area Equipment, LLC	Milhael B. Bris	2/15/06
Name (Print or Type)	Title (Print or Type)	
Michael Burnette	Manager	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

L	C. OPPERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND USE	Jan Rockabb		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer."	— Question 4.a. This difference is the "adjusted g	ross	\$	
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish an estimate of the payments listed must equal the adjusted g	and		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		🔲 \$	\$	
	Purchase of real estate			\$	
	Purchase, rental or leasing and installation of mand equipment	nachinery	🗀 \$	2 ,040,000.0	
	Construction or leasing of plant buildings and f				
	Acquisition of other businesses (including the voffering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another	🗀 \$		
	Repayment of indebtedness			\$	
	Working capital				
	Other (specify):		\$	\$	
			 	\$	
	Column Totals		§ <u>0.00</u>		
	Total Payments Listed (column totals added)	\$_\\$	\$ 2,040,000.00		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchange Cor	nmission, upon writte		
Iss	uer (Print or Type)	Signature	Date		
Ar	ea Equipment, LLC	Morand B. Sons	2/15/06		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
Mic	hael Burnette	Manager			

- ATTENTION -

APPENDIX 1 2 3 4 5 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors** No State **Investors** Yes Amount Amount AL AK Y AZAR CACO CTDE DC FL GA HI ID ILIN IA KS KY X LA ME MDMA MIMN MS

APPENDIX 2 1 3 4 Disqualification Type of security under State ULOE Intend'to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors Investors** Yes No Amount **Amount** MO MT NE NV NH NJ NM NY LLC INT 50,000 NC ND OH X OK OR PA RI SCSD X TN X TX X UT VT 17 LLC INT 1,075,000 VA WA WV WI

APPENDIX											
1		2	3 Type of security		5 -Disqualification under State ULOE						
	Intend to sell and aggregate offering price investors in State (Part B-Item 1) and aggregate offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY		X						100	#20 #20 *> No. 1 # # # # # # # # # # # # # # # # # #		
PR		X									